



County of San Diego
Office of the Alternate Public Defender
VOLUNTEER APPLICATION
(PLEASE PRINT OR TYPE) COUNTY ID#:



Application Date: _____ **E-Mail Address:** _____
Last Name: _____ First: _____ Middle: _____
Phone Number(s): Home: (____) _____ Cell: (____) _____ Work: (____) _____
Address: _____ City/State/Zip: _____
Current Employer & Address: _____
Supervisor: _____ Position & Work Schedule: _____

Name of Current College or University if applicable: _____
Major/Degree: _____ Anticipated Graduation Date: _____
Internship: ☐ Credit ☐ No Credit ☐ Work Study

Position/Internship:

☐ Investigative Intern ☐ Law Clerk Intern ☐ Paralegal Intern
☐ Other _____ Language(s) you are fluent in: _____

Please attach a copy of your resume if available

Emergency Contact:

Name: _____ Relationship: _____
Address: _____ Phone Number(s): _____
City: _____ State: _____ Zip: _____
Doctor's Name: _____ Phone Number(s): _____

APD To Complete:

Starting Date: _____ Anticipated Completion Date: _____
Work Location: _____ Supervisor: _____

I, _____, agree and understand that any work I may perform on behalf of the Office of the Alternate Public Defender (APD) will be provided on a voluntary basis and that I do not expect payment or other compensation for performing such work. I further understand that a volunteer position does not constitute an employee-employer relationship with the County of San Diego and that I serve at the discretion of the Director. Additionally, I commit to volunteer 12 hours per week for a minimum of 3 ½ months _____ (initials)

Signatures: _____
Volunteer Date

Supervisor Date

Please return completed application to:

*The Office of the Alternate Public Defender, Volunteer Services
110 West "C" Street, Suite #1100 San Diego, CA 92101
For more information call (619) 446-2900*

(ver. 11-2009)